



Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**ANNUAL CERTIFIED BUDGET FOR ARTHROPOD CONTROL**

**Submit to:**  
Mosquito Control Program  
3125 Conner Blvd, Bldg 6  
Tallahassee, FL 32399-1650

Rule 5E-13.027, F.A.C.

Telephone: (850) 617-7995; Fax: (850) 617-7969

**ADAM H. PUTNAM**  
**COMMISSIONER**

COUNTY OR DISTRICT \_\_\_\_\_ FISCAL YEAR OCTOBER 1, 20 \_\_\_\_\_ TO SEPTEMBER 30, 20 \_\_\_\_\_ RECEIPTS

**RECEIPTS**

ACCT NO	DESCRIPTION	TOTAL	LOCAL	STATE
311	Ad Valorem Taxes (Current/Delinquent)			
334.1	State Grant			
362	Equipment Rentals			
337	Grants and Donations			
361	Interest Earnings			
364	Equipment and/or Other Sales			
369	Miscellaneous/Refunds (prior year expenditures)			
380	Other Sources			
389	Loans			
TOTAL RECEIPTS				
BEGINNING FUND BALANCE				
TOTAL BUDGETARY RECEIPTS AND BALANCES				

**EXPENDITURES**

ACCT NO	Uniform Accounting System Transaction Code	TOTAL	LOCAL	STATE
10	Personal Services 11 - 15			
20	Personal Services Benefits 21 - 25			
30	Operating Expense 31 - 34			
40	Travel and Per Diem 40.1 - 40.3			
41	Communication Services			
42	Freight Services			
43	Utility Services			
44	Rental and Leases			
45	Insurance			
46	Repair and Maintenance Services 46.1 - 46.6			
47	Printing/Binding			
48	Promotional Activities			
49	Other Current Changes and Obligations			
51	Other Supplies/Materials			
52.1	Gas/Oil/Lube			
52.2	Chemical/Solvents/Additives			
52.3	Clothing and Wearing Apparel			
52.4	Miscellaneous Supplies and Incidentals			
52.5	Tools and Small Implements			
54	Books, Publications, Subscriptions, Memberships			
55	Training			
60	Capital Outlay 61 - 64			
71	Principal			
72	Interest			
89	Contingency (current year)			
99	Payment of Prior Year Accounts			
TOTAL BUDGET AND CHARGES				
.001	Reserves - Future Capital Outlay			
.002	Reserves - Self-Insurance			
.003	Reserves - Cash Balance to be Carried Forward			
.004	Reserves - Sick and Annual Leave			
TOTAL RESERVES ENDING BALANCE				
TOTAL BUDGETARY EXPENDITURES AND BALANCES				
ENDING FUND BALANCE				

I certify that the budget shown was adopted on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_.

Chairman of the Board, or Clerk of Circuit Court

**APPROVED: Florida Department of Agriculture and Consumer Services, Mosquito Control Program**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ 20 \_\_\_\_.

Mosquito Control Program